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| Case Number: | CM14-0206386 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 09/03/2012 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old male who has submitted a claim for left shoulder rotator cuff tear and degenerative joint disease associated with an industrial injury date of 9/3/2012. Medical records from 2014 were reviewed. The patient complained of persistent left shoulder pain and weakness. He had difficulty performing yard work. Physical examination of the left shoulder showed 150 degrees of flexion, abduction to 140 degrees, external rotation to 80 degrees, internal rotation to 80 degrees, positive bear-hug test, and weakness of abductor and internal rotator rated 4+/5. Treatment to date has included physical therapy, activity restrictions, cortisone injection and medications. The utilization review from 12/3/2014 denied the request for left shoulder arthroscopy w/ RCR, debride, joint w/cap release with assistant surgeon because of no independent orthopedic surgical opinion concerning the patient's condition. The patient has 80 degrees of glenohumeral rotation with only significantly torn at the superior fibers of the subscapularis. It is unclear if the procedure can also correct the subluxation and treat arthritic shoulder symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left shoulder arthroscopy w/ RCR, debride, joint w/cap release with assistant surgeon:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Diagnostic Arthroscopy.

Decision rationale: CA MTUS ACOEM Practice Guidelines Chapter 9 supports surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. In addition, ODG states that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. In this case, the patient complained of persistent left shoulder pain and weakness. He had difficulty performing yard work. Physical examination of the left shoulder showed 150 degrees of flexion, abduction to 140 degrees, external rotation to 80 degrees, internal rotation to 80 degrees, positive bear-hug test, and weakness of abductor and internal rotator rated 4+/5. Symptoms persisted despite physical therapy, activity restrictions, cortisone injection and medications hence the request for surgery. However, there is no imaging report to substantiate the need for operation. The medical necessity cannot be established due to insufficient information. Therefore, the request for left shoulder arthroscopy w/ RCR, debride, joint w/cap release with assistant surgeon is not medically necessary.